

RESIDENTIAL CERTIFICATE

Date: _____ Start Time: _____ End Time: _____ Type of Survey: _____

Name: _____ Phone Number: _____

Address: _____ Capacity: _____

Notes: _____

/	#	R430-50	KEY WORDS	NOTES
<i>INDOOR AREA - OBSERVATION</i>				
	10	6(1)	ratios	
	10	6(2)	supervision	
	10	6(2)(a)	awareness of activities close enough to intervene	
	10	10(7)	dangerous items	
	10	10(11)	firearms or other weapons	
	7	10(2)	two exits basement - 1 exit to ground level	
	7	10(6)	equipment and furniture maintain spaces, toys, equipment	
	7	10(10)	adequate housekeeping	
	7	10(2)	fire extinguishers smoke detectors	
	5	10(8)	electrical outlets	
	1	430-2-7(3)	post certificate	
<i>INDOOR AREA - POTENTIAL QUESTION THAT MAY BE ASKED</i>				
	10	6(2)(b)	How often do you check on sleeping children?	

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<i>DIAPERING AREA - OBSERVATION</i>				
	7	10(4)	separate from food areas surface smooth and non-absorbent sanitary diaper container	
<i>HOT WATER - OBSERVATION</i>				
	7	10(9)	hot water not over 120 degrees	
<i>KITCHEN - OBSERVATION</i>				
	10	10(1)(b)	operating telephone	
	7	10(1)(a)	first aid kit	
	7	12(2)	food prep area clean and sanitary	
	5	10(1)(c)	emergency phone numbers posted	
<i>MEDICATIONS - OBSERVATION</i>				
	10	9(2)(c)	inaccessible to children	
	7	9(2)	original or pharmacy container original label with child's name child proof caps written instructions for administration	
	7	9(2)(a)	written permission	
	7	9(2)(c)	refrigerated medications in spill-proof packaging	
	1	9(2)(d)	unused and out-of-date medication	
<i>MEDICATIONS - POTENTIAL QUESTION THAT MAY BE ASKED</i>				
	10	9(2)(b)	What would you do if a child had an adverse reaction to a medication or if you made an error in the administration of a medication?	

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<i>ANIMALS - OBSERVATION</i>				
	10	10(12)(c)	not dangerous or aggressive	
	7	10(12)(a)	clean and in good health	
<i>ANIMALS - POTENTIAL QUESTIONS THAT MAY BE ASKED</i>				
	7	10(12)(d)	Who is responsible for the cleaning of animals, cages, pens or equipment?	
	7	10(12)(e)	Where are cages and equipment cleaned?	
	7	10(12)(f)	How do children interact with reptiles?	
<i>OUTSIDE AREA - OBSERVATION</i>				
	10	10(3)	safety hazards	
	7	10(3)	fences four feet high gaps no more than 3 ½ in.	
<i>VEHICLE - OBSERVATION</i>				
	10	11(4)	individual, size appropriate safety restraints	
	7	11(1)	vehicle licensed, registered, and inspected	
<i>VEHICLE - POTENTIAL QUESTIONS THAT MAY BE ASKED</i>				
	5	11	Who may transport children in care?	

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<i>CARE GIVER RECORDS</i>							
Household members over 18:				S1	S2	S3	S4
	1	8(3)	BCIs				
	1	5(3)	five hours training for subs				
	1	12(3)	current Food Handlers permit				
	1	11(2)	Utah driver's license				
	1	11(3)	car insurance				
<i>CARE GIVER REQUIREMENTS AND TRAINING - POTENTIAL QUESTIONS THAT MAY BE ASKED IF FURTHER CLARIFICATION IS NEEDED</i>							
	10	430-6-5(3)	Have you submitted BCIs for everyone 18 and older in the home?				
	7	5(3)	Have all substitutes completed the 5 hours of required training?				
	3	12(3)	Does anyone who prepares or serves food have a current Food Handlers permit?				
	1	11(2)	Does any one who transports children have a Utah driver's license?				
	1	11(3)	Does any vehicle used to transport children have proper insurance?				

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<i>CHILDREN'S RECORDS</i>											
Provider's Children				C1	C2	C3	C4	C5	C6	C7	C8
Child's Date of birth:											
	7	8(1)	admission agreement								
	7	8(1)(a)	-child's name and nickname								
	7	8(1)(b)	-parent name, address, phone number								
	7	8(1)(c)	-name, address, phone number at least one emergency person								
	7	8(1)(d)	-name, address, phone number health and dental care								
	7	8(1)(e)	-food sensitivities, allergies, special needs								
	7	8(1)(f)	-immunizations								
	7	8(2)	pick-up people								
	7	9(3)	record of immunizations								
	7	9(2)(a)	medication permission								
<i>OTHER RECORDS</i>											
	5	10(12)(b)	rabies vaccination								

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POTENTIAL QUESTIONS THAT MAY BE ASKED				
	10	7(2)(3)	What are your discipline methods?	
	7	9(1)	How do you notify parents of injuries and incidents?	
	7	10(1)	What is your disaster plan?	
	7	10(1)	What is your emergency plan in the case of a missing child, death or serious injury to a child? Who is your substitute care giver?	
	7	10(5)	When and how do you wash your hands and the children's hands?	
	7	6(3)	Are children allowed to go to a neighbor's home or other off-site activities? If yes, how do you obtain parental permission and how do you ensure the child's whereabouts and supervision?	
	7	9(5)	How do you monitor the use and accessibility of illegal substances and sexually explicit materials?	
	5	6(4)	What are your minimum substitute qualification?	
	5	9(1)(b)	How would you notify Licensing if you needed emergency medical treatment providers? if there was a fatality? if there was a hospitalization?	
	5	9(4)	How and when do you notify parents of a communicable illness?	
	5	12(1)	How often do you serve meals or snacks? How often do you feed infants?	
	1	7(1)	Do you have rules of conduct for care givers, parents and children?	